


PROJECT 10073 RECORD

1. DATE - TIME GROUP 19/2215 EDT 10 Oct 69 20/0215Z	2. LOCATION Vinton, Ohio
3. SOURCE Civilian	10. CONCLUSION Probable Aircraft
4. NUMBER OF OBJECTS One (1)	
5. LENGTH OF OBSERVATION 3 minutes	11. BRIEF SUMMARY AND ANALYSIS The observer sighted red and white flashing lights that traveled from east to north and was visible for 3 minutes.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE E to N	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	


October 22, 1969

FTD (TDETR)


WRIGHT-PATTERSON AFB

Dayton, Ohio 45433

Dear Sir;

Enclosed in this letter is a Unidentified Phenomena Questionnaire on a sighting made October 19, 1969. Because of the extensive sightings made in southern Ohio, I would like to have another copy of the Unidentified Phenomena Questionnaire. As soon as possible I would like a reply to this letter containing the conclusion of the Air Force's evaluation of my report.

Thank you.

Sincerely yours,


AFR 80-17(C1)

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

PUSKOT BUREAU APPROVAL
NUMBER 21 2126

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATION FOR PHENOMENA TO FID (DET) WRIGHT PATERSON AFB, OHIO 44133-1144. IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.

1. WHEN DID YOU SEE THE PHENOMENON? DAY 19 MONTH Oct YEAR 1969

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON? HOUR 10 MINUTES 15 ☐ A.M. ☒ P.M.

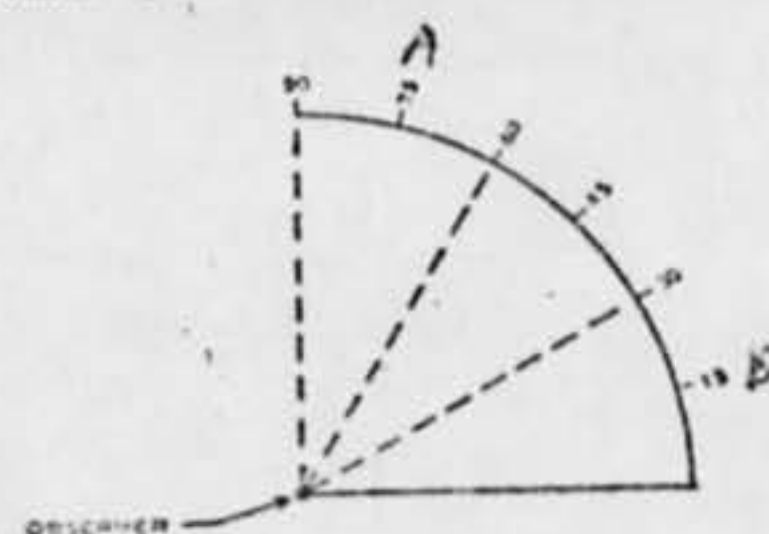
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON? HOUR 10 MINUTES 18 ☐ A.M. ☒ P.M.

4. TIME ZONE ☒ ESTERN ☐ CENTRAL ☐ MOUNTAIN ☐ PACIFIC ☐ STANDARD ☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND GIVE THE LOCATION AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.



6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN 'A' ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON OR SKYLINE WHEN FIRST SEEN. PLACE A 'B' ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



AF FORM 117

Attachment 1
(Becomes Attachment 1 to AFR 80-17)

AFR 86-17(C1)

WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (PLEASE INDICATE BY CHECKING ONE BOX)	
OUTDOORS	IN BUSINESS SECTION OF CITY
IN BUILDING	IN RESIDENTIAL SECTION OF CITY
IN CAR	IN OPEN COUNTRY/IDE
IN BUS	NEAR AIRFIELD
IN PLANE	FLYING OVER CITY
OTHER	FLYING OVER OPEN COUNTRY
IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING	
WHAT DIRECTION WERE YOU TRAVELING?	HOW FAST WERE YOU TRAVELING?
NORTH	EAST
SOUTH	WEST
NORTHEAST	SOUTHWEST
WORTHWEST	SOUTHEAST
DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 4 AND 5	
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVELED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN	
HOW MUCH OTHER TRAFFIC WAS THERE?	
DID YOU NOTICE ANY AIRCRAFT? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON	
<i>The airplane was to the left of the phenomenon.</i>	
HOW LONG WAS THE PHENOMENON IN SIGHT?	
LENGTH OF TIME	CERTAIN OR TIME
NOT VERY SURE	FAIRLY CERTAIN
NOT A GUESS	
HOW WAS TIME DETERMINED? <i>clock</i>	
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF NO, INDICATE WHETHER THIS IS DUE TO YOUR ATTENTION OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON THE ABOVE SKETCHES.	

Attachment 1
(Becomes Attachment 1 to AFR 86-17)

AFR 86-17(C1)

1. IF YOU WERE AT THE CENTER OF THE COMPASS ROSE, PLACE AN "X" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE AN "O" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.

2. IN THE SKETCH BELOW, PLACE AN "X" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND AN "O" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "X" AND "O" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "X" AND "O". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.

Attachment 1
(Becomes Attachment 1 to AFR 86-17)

AFR 89-17(C1)

DID THE PHENOMENON	YES	NO	UNKN.
WAS IN A STRAIGHT LINE?		<input checked="" type="checkbox"/>	
WAS STILL AT ANYTIME?		<input checked="" type="checkbox"/>	
WAS IT SPEED UP AND DOWN?		<input checked="" type="checkbox"/>	
WAS IT IN PARTS AND EXPLODE?		<input checked="" type="checkbox"/>	
WAS IT COLOR?		<input checked="" type="checkbox"/>	
WAS IT SHARP?		<input checked="" type="checkbox"/>	
WAS IT BRIGHTNESS?		<input checked="" type="checkbox"/>	
WAS IT SHARP?		<input checked="" type="checkbox"/>	
WAS IT FLICKER?		<input checked="" type="checkbox"/>	
WAS IT AND HEARD?		<input checked="" type="checkbox"/>	
WAS IT A TON?		<input checked="" type="checkbox"/>	
WAS IT A NOISE?		<input checked="" type="checkbox"/>	
WAS IT A WHOLE?		<input checked="" type="checkbox"/>	

PAID OVER YOUR ATTENTION TO THE PHENOMENON? *Flashing lights And speed of object.*

WAS IT FINALLY DISAPPEAR? *Behind heavy foliage*

WAS THE PHENOMENON MOVED BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME? ☒ YES ☐ NO IF YES, DESCRIBE.

Attachment 1
(Becomes Attachment 1 to AFR 89-17)

AFR 89-17(C1)

10 IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

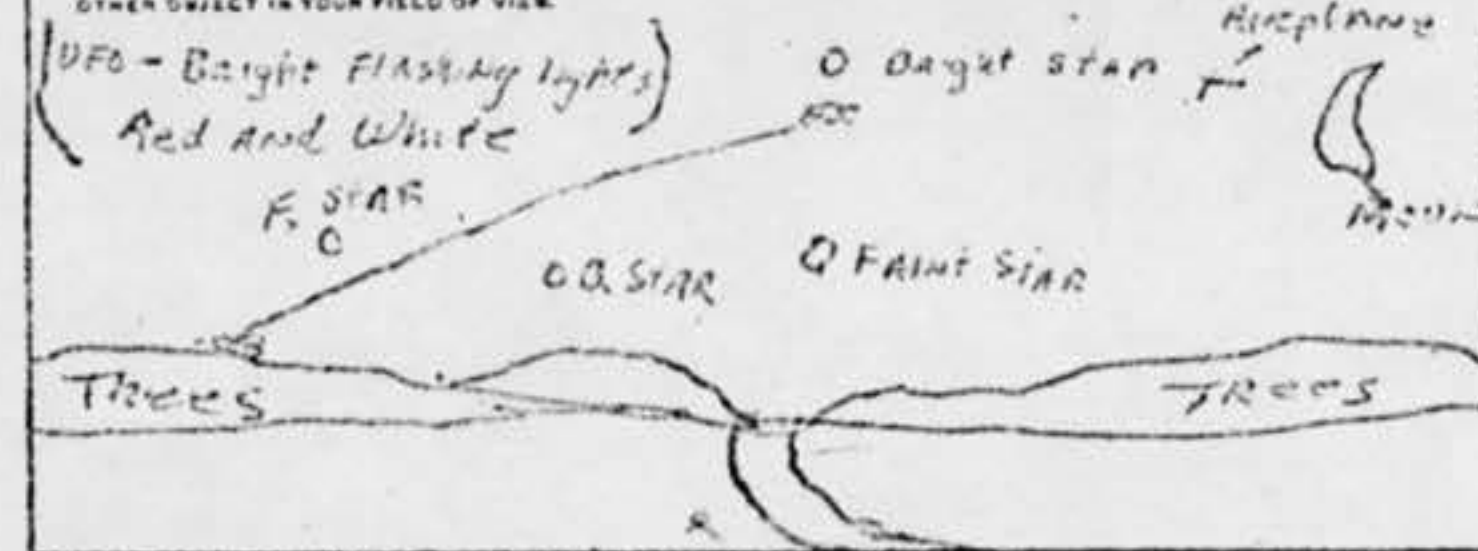
CONDITIONS (Check appropriate blocks)		WEATHER	
DAY	WET	WINDY	TEMP.
<input checked="" type="checkbox"/> DAY	<input type="checkbox"/> WET	<input type="checkbox"/> WINDY	<input type="checkbox"/> TEMP.
<input type="checkbox"/> TWILIGHT	<input type="checkbox"/> WET	<input type="checkbox"/> WINDY	<input type="checkbox"/> TEMP.
<input type="checkbox"/> NIGHT	<input type="checkbox"/> WET	<input type="checkbox"/> WINDY	<input type="checkbox"/> TEMP.
<input type="checkbox"/> CLEAR	<input type="checkbox"/> WET	<input type="checkbox"/> WINDY	<input type="checkbox"/> TEMP.
<input type="checkbox"/> PARTLY CLOUDY	<input type="checkbox"/> WET	<input type="checkbox"/> WINDY	<input type="checkbox"/> TEMP.
<input type="checkbox"/> COMPLETELY OVERCAST	<input type="checkbox"/> WET	<input type="checkbox"/> WINDY	<input type="checkbox"/> TEMP.

IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?	
STARS	MOON
<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> BRIGHT MOONLIGHT
<input type="checkbox"/> A FEW	<input type="checkbox"/> MOON WITH HALO
<input type="checkbox"/> MANY	<input type="checkbox"/> MOON HIDDEN BY CLOUDS
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PARTIAL (HOW MUCH?)

IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, WHERE WAS THE SUN AS YOU PAID THE PHENOMENON?	
IN FRONT OF YOU	TO YOUR RIGHT
IN BACK OF YOU	TO YOUR LEFT
	OVERHEAD (HOW HIGH?)

11 SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS, STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.
Outdoor lighting approx 30 ft

12 GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.



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AFR 80-17(C1)

11. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

<input checked="" type="checkbox"/> EYEGLASSES	<input type="checkbox"/> CAMERA VIEWER
<input type="checkbox"/> SUNGLASSES	<input type="checkbox"/> BINOCULARS
<input type="checkbox"/> WINDOW GLASS	<input type="checkbox"/> TELESCOPE
<input type="checkbox"/> SIDE WINDOW OF VEHICLE	<input type="checkbox"/> THEODOLITE
<input type="checkbox"/> MICROSCOPE	<input checked="" type="checkbox"/> OTHER <i>Field glasses</i>

12. DO YOU USUALLY WEAR GLASSES? ☐ YES ☒ NO 13. DO YOU USE READING GLASSES? ☐ YES ☒ NO

14. WHAT WAS YOUR IMPRESSION OF THE SIZE OF THE PHENOMENON? GIVE ESTIMATE OF SIZE *3 ft* 15. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE *100 yds*

16. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BE IN SOME RESPECTS LIKE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

17. DID YOU NOTICE ANY SMELL, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☒ YES ☐ NO. IF "YES," DESCRIBE.

Dogs barking.

18. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE? ☐ YES ☒ NO. IF "YES," DESCRIBE.

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Attachment 1
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AFR 80-17(C1)

19. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT WOULD HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



20. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU WERE ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

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AFR 80-17(C1)

INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING

There was A Aircraft flying in the
vicinity, but to the left of the
object.

Also, in the vicinity of the sighting
are high tension wires.

AFR 80-17(C1)

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(Becomes Attachment 1 to AFR 80-17)

AFR 80-17(C1)

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES" GIVE DATE AND LOCATION.

23. HAS ANYONE WITH YOU AT THE TIME OF THE SIGHTING? ☒ YES ☐ NO. IF "YES" DID THEY SEE IT TOO?

A. LIST THEIR NAMES AND RELATIONSHIPS.

24. GIVE THE FOLLOWING INFORMATION:

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

INDICATE ADDITIONAL INFORMATION CONCERNING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME: DAY 20 MONTH Oct YEAR 1969

DAY 20 MONTH Oct YEAR 1969

PAGE 8 OF 8 PAGES

Attachment 1
(Becomes Attachment 1 to AFR 80-17)

Proposed reply to letter from [REDACTED], dtd 22 Oct 1969.

1. Reference your letter of 22 Oct 1969. From your description of the object, the flight path, and duration of the sighting, we feel that there is no evidence that the sighting could not have been of an aircraft.
2. We are enclosing a Blue Book which we hope you may find interesting.